## Eligibility Form and Application for Advanced Benefits from The September 11<sup>th</sup> Victim Compensation Fund of 2001

- Please read all instructions carefully before completing this form.
- All claimants MUST complete and submit this "Eligibility Form and Application for Advance Benefits"
- Victim's Social Security Number (SSN) or National Identification Number (Nat'l ID #) must appear in the boxes allotted on EVERY PAGE of the form.
- See the instructions for documents you must provide with this form.
- If you are eligible for Advance Benefits, you must complete Section IV of this form. If you are not eligible for Advance Benefits (or if you do not wish to apply for advance benefits), you should skip Section IV but you must still submit this form.
- All claimants MUST date and sign the form in all required places, in ink.
- Keep a copy of your submission for future reference.

### **SUBMITTING A CLAIM**

Mail your form with an original signature and attached documentation to:

Overnight deliveries should be sent to:

Victim Compensation Fund P.O. Box 18698 Washington, D.C. 20036-8698 Victim Compensation Fund 1120 G Street, N.W. Suite 300 Washington, D.C. 20005 (202) 628-1764

Faxes should be sent to: 301-987-8600

If you submit your claim by fax, you **MUST** also mail the original form and documents. Processing can begin with receipt of the fax submission but your claim cannot be fully processed without original signatures.

#### HELPLINE

If you have any questions, assistance is available Monday through Friday from 8am to 8pm ET and on Saturday from 9am to 2pm ET:

888-714-3385 (toll free in the US) or 202-305-1352 TDD # 888-560-0844

# Eligibility Form and Application for Advance Benefits from The September 11th Victim Compensation Fund of 2001

This section must be completed by all claimants.  Type, or print legible numbers and capital block letters in the boxes.  Example:	Se	Section I - Victim Information  Enter Victim's SSN / Nat'l ID #													ID#				] -			<b>] -</b>					
1. Last Name 2. First Name 3. Middle Name 4. Permanent Address (Street) 4. Permanent Address (Street) 5. City 6. State 7. Zip Code 8. Victims Country of Citizenship 9. Passport Country (if not U. S.) 10. Passport Number (if not U.S. and if available) 11. Date of Birth (month-day-year) 12. Marital Status Married   Separated   Single   Witchwed   13. Victims occupation on 9/11/2001 14. Victims Employer on 9/11/2001 15. Is / Was the Victim at time of injury caused by terrorist attack (choose one):   A. World Trade Center     B. Pentagon     C. Aircraft - indicate flight   AA11   AA77   UA93   UA175   (indicate address/cross-streets)     D. Public Street:   B. Pentagon     E. Oliner:   Time (hour)     Time (hour)     Time (hour)   A.M.	Thi	s sec	ction	n mu	st b	е со	mpl	etec	l by	all c	laim	ant	S.	Ту	pe, o	r print	_			s and	l capi	ital blo	ock le	tters	in the	boxe	s.
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Section IV - Advance Benefits
Enter Victim's SSN / Nat'l ID #
1. If you are the Personal Representative of a deceased Victim or a Victim whose physical injury required hospitalization for one week or more, do you wish to apply for an advance benefit to alleviate hardship faced by the claimant or the beneficiaries of the deceased victim? Yes No
If yes, continue with this Section. If no, please skip the remaining portion of this Section and go to Section V.
2. Acknowledgement of Waiver of Rights
I hereby acknowledge that by submission of a substantially complete Eligibility Form I am <i>waiving</i> the right to file a civil action (or be a party to an action) in any Federal or State court for damages sustained as a result of the terrorist-related aircraft crashes of September 11, 2001.
Please note that this Waiver of Rights could apply to the rights of individuals other than the claimant. This waiver does not apply to a civil action to recover collateral source obligations.
Date (month-day-year)
Signature of Victim or Representative
3. Certification of Eligibility For Advance Benefits:  I hereby certify that I need the Advance Benefit because of financial hardship and: (check one)  I am a Personal Representative of a deceased victim who had a spouse or dependent(s) and have not yet received \$450,000 from other sources, such as government programs or employer-provided benefits (but not charities).
I am a Personal Representative of a deceased victim who was single and had no dependents and have not yet received \$250,000 from other sources, such as government programs or employer-provided benefits (but not charities).
I am a physically injured Victim or the Representative of a physically injured Victim and have not yet received in excess of the Victim's lost wages plus out-of-pocket medical expenses from other sources, such as government programs or employer-provided benefits (but not charities).
Date (month-day-year)
Signature of Victim or Representative
<ol> <li>Personal Representative Certification of Consent from Spouse or Dependents.</li> <li>Complete this Section only if you are (i) the Personal Representative filing a claim on behalf</li> </ol>
of a deceased Victim and (ii) not the spouse of the decedent.
Have you obtained the consent of the spouse of the decendent or, if there is no surviving spouse, of all of the dependents of the decedent to file for Advance Benefits?  Yes No
Consent(s) attached? Yes No
Date (month-day-year)
Signature of Personal Representative

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Enter Victim's SSN / Nat'l ID #				_			_				
Privacy Act Notice: The Department of Justice is authorized to collect this information by the September 14th Victim Compensation Fund of 2001. Title IV of Bublic Law 107. 45	115	Stot	220.		Trong	norto	tion S	Cototy	ond	System	
the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42 Stabilization Act").	2, 110	Siai.	230 (	AII	Hans	sporta	lion 3	alety	anu .	Syste	111
The information you submit in your claim is for official use by the U.S. Department of and the amount of compensation you may receive under your claim to the Compensation however, failure to provide complete information may result in a delay in processing or regarding your claim may be disclosed by the Government only in accordance with the	ion F r a de	und. F enial o	rovis f your	ion o	f this	inforn	natio	n is vo	olunta		for
I. Authorization for Release of Information Carefully read this authorization to release information, then sig	n ar	nd da	nte it	in i	ink.						
						Sont	omb	or 11:	th \/i.	otim	
I Authorize the U.S. Department of Justice to obtain any information relating Compensation Fund of 2001 (Compensation Fund) from individuals, employ sources having information relating to my claim. This information may include financial information about me or the deceased individual whom I represent.	ers, I	hospi	tals,	med	icals	servic	e pr	ovide	ers, o	r othe	
I Further Authorize the U.S. Department of Justice to disclose any records claim, to the extent necessary for its review, verification, and adjudication, to administration of the Compensation Fund; other federal, state, or local ager and other individuals or entities having information related to the claim, such insurers, and employers.	: ag	ency , inclu	cont uding	racto the	ors a Dep	ssisti artme	ng in ent of	the f the	Trea		
I Further Authorize the U.S. Department of Justice to publish the name of the name of the victim for whom compensation is sought.	ne cla	aimar	nt wh	o ha	s file	ed this	s Elig	gibility	/ For	m an	d
I Further Authorize the release of information relating to my claim, where so violation of law, including submission of fraudulent claims, to any civil or crim appropriate agency charged with responsibility of investigating or prosecution	ninal	law e	nforc	eme						ential	
I Further Authorize individuals having information pertinent to my claim to representative of the Department of Justice during the review of my claim to previous agreement to the contrary. Copies of this authorization that show r signed by me. This authorization is valid for five (5) years from the date signs sooner.	the ( ny sig ed or	Comp gnatu upor	ensa ire ar n my	tion e as writt	Fund valid en te	d, reg d as t ermin	ardle he o ation	ess o rigina whic	of any al rele cheve	ease er is	
I Certify that I am the person named below (claimant to the Compensation F listed above.	und)	and	I autl	horiz	ze the	e rele	ase	of inf	orma	ation	
	Date	e (mon	nth-day	y-yea	ar)	7		T	_	1	1
			-			-					
Signature of Victim or Representative			J					-		•	,
Signatory's Name (Last name, First name)											
2. Certification of Dismissal from any Action	•				•						
Have you or any dependent, spouse, or beneficiary of the Victim filed a civil a Federal or State court relating to or arising out of damages sustained as a re September 11, 2001 (other than civil actions to recover collateral source obligations).	sult (	of the								of	
If yes, have you or such person or entity dismissed such action(s)?  Yes No	Date	e (mo	nth-da	ay-yea	ar)	7 <b>_</b>		T			]
If yes, please attach proof of dismissal and provide the date of dismissal.	L		J		1	┙	<u> </u>	1	<u> </u>		l
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Signature of Victim or Representative		•	-	•	•	_				314	•

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### Exhibit A to Eligibility Form and Application for Advance Benefits from the September 11<sup>th</sup> Victim Compensation Fund

Instructions To Victim's Personal Representative:

- Fill out a separate copy of this page for each person to whom you are required to provide Notice of Filing.
- On each copy, fill out the Name and Address of the person to whom you are providing the Notice and insert the name of the Victim or your name in the spaces provided below as indicated.
- Check the box at the bottom of this page if you are applying for an Advance Benefit.
- Deliver each Notice to the recipient by personal delivery or by certified mail, return receipt requested.

### SEPTEMBER 11<sup>th</sup> VICTIM COMPENSATION FUND OF 2001 NOTICE OF FILING OF CLAIM

TO: NAME:		
ADDRESS:		
	ice to inform you that a claim on behalf of nber 11th Victim Compensation Fund of 2001. (insert name of Personal Representative	The claim is being filed by
a victim, and that the claim the Victim Compensation I		
the Personal Representative	at a claim is being filed on behalf of ve is required to give this notice to the victim's in ctim's will, and to other people who might reason pensation Fund.	nmediate family, to the executor, administrator
waive any right to file a lav	filing of claims with the Victim Compensation F wsuit for damages sustained as a result of the ten affect the rights of others, including you, to file a	rrorist-related aircraft crashes of September 11,
made within 30 days after to or otherwise provided to yo seeking an Advance Benefi	the claim has been filed, which could be as soon ou. If the box at the bottom of this page has been fit from the Victim Compensation Fund, which coner. Therefore, if the Personal Representative	could be paid 15 days after the claim has been
	about the Victim Compensation Fund, please cal Information can also be obtained over the Interr	
[ ] Personal Representa	ative: check the box to the left if you are applying	ng for an Advance Benefit.